# PIECP - QUARTERLY CONSOLIDATED STATISTICAL REPORT

	Reporting Quarter Dates:	1/1/2017 -	3/31/2017		
	Name of Certificate Holder: IOWA	A PRISON	INDUSTRIES		NAMPOON REPORTSON CONTRACTOR OF THE PARTY OF
(1)	Total inmate labor hours worked during quarter:		32,393.0	Hour	s
(2)	Total number of inmates employed during quarter:	***************************************	84	Total	Inmates
(3)	Total quarterly gross wages paid:	\$	347,992.00		
(4)	Total quarterly contributions to Federal taxes:	\$	38,256.00		
(5)	Total quarterly contributions to State taxes:	\$	12,411.00		
(6)	Total quarterly contributions to Social Security: (FICA and Medicare)	\$	26,621.00		
(7)	Total quarterly contributions to other taxes:	\$	_	_	
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	77,288.00
(9)	Total quarterly contributions to victim's programs:	\$	78,470.00	***************************************	
10)	Total quarterly contributions to room and board:	\$\$	113,660.00		
11)	Total quarterly contributions to family support:	\$	8,974.00	_	
12)	SUB-TOTAL of PIECP Categorical Deductions (#9-#11):			\$	201,104.00
13)	Total quarterly contributions to mandatory savings:	\$	1,653.00		audientelista (2000). Commissione con contrato de la commissione con contrato de la commissione con contrato d
14)	Since the last quarterly year report, have you materially chewith this cost accounting center? If yes, please explain:  No.	nanged the	e scope, processe	es or pr	oducts associate
	Certified correct by: Daniel J. Clark, Deputy D	irector, I	owa Prison Inc	lustrie	es
	1) UU	***********	15-	MA	4-2017
	Signature	***************************************		Da	te
Tel	ephone no: (515) 725-5705 Email Addres	ss:	dan.clark(	@iowa.	gov

	Reporting Quarter Dates:	1/1/2017	especial control	3/31	/2017	*************************
	Name of Cost Accounting Center:		NuAge Ma	arketing	2000488800022287287287000000000000000000	***************************************
	PIECP Management Model:		Emplo	oyer		
	INSTITUTION Name and Address:	North Central Correctional Facility Address: 313 Lanedale, Rockwell City, IA 5		,	,	managan da sa
(1)	Total inmate labor hours worked during	g quarter:	***************************************	2,846.3	Hours	
(2)	Total number of inmates employed dur	ing quarter:		11	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	22,397.01		
	Hourly wage range	\$8.50- 8.95		200 California de la compansión de la comp	=	
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federal	taxes:	\$	1,401.38	***	
(5)	Total quarterly contributions to State ta	xes:	\$	349.62	_	
(6)	Total quarterly contributions to Social S (FICA and Medicard	•	\$	1,713.35	***	
(7)	Total quarterly contributions to other ta	xes:	\$	_		
(8)	SUB-TOTAL of taxes paid this quarter (	#4- #7):			\$	3,464.35
(9)	Total quarterly contributions to victim's	programs:	\$	7,266.84	16A	
(10)	Total quarterly contributions to room ar	nd board:	\$	5,889.97	nos.	
(11)	Total quarterly contributions to family s	support:	\$	1,296.46		
(12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):			\$	14,453.27
(13) (14)	Total quarterly contributions to mandat Since the last quarterly report, have you	, 0	\$ d the scop	92.17 e, processes or 1	 products	s associate with
<b>、</b> /	this cost accounting center? If yes, pleas		_			
			***************************************	***************************************	20000000000000000000000000000000000000	
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	owa Prison Inc	lustries	3
	K MM			15- M	194-	2017
****************	Signature		neronome.	W0000000000000000000000000000000000000	Date	)
Tel	ephone no: <b>(515) 822-8920</b>	Email Addres	s:	<u>dan.clark(</u>	@iowa.g	IOV

	Reporting Quarter Dates:	1/1/2017	***************************************	3/3]	1/2017	various constructions.
Name of Cost Accounting Center:			Н&Н	LLC	************************************	100000010000000000000000000000000000000
	PIECP Management Model:		Empl			
	was a			ctional Facility		0.0000000000000000000000000000000000000
	INSTITUTION Name and Address:	2000 N 16t	th Street, (	Clarinda, IA 516	32	noonessaanses areas et
(1)	Total inmate labor hours worked durin	g quarter:		29,340.4	Hours	
(2)	Total number of inmates employed dur	ing quarter:	Venezacione	59	Total Ir	nmates
(3)	Total quarterly gross wages paid:		\$	323,624.17	_	
	Hourly wage range	\$8.50- 8.95			-	
	(or) Pieces work rate	N/A	Destacousse			
(4)	Total quarterly contributions to Federal	taxes:	\$	36,799.59	none	
(5)	Total quarterly contributions to State ta	xes:	\$	12,053.40		
(6)	Total quarterly contributions to Social S (FICA and Medicar	-	\$	24,757.25		
(7)	Total quarterly contributions to other ta	ixes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (	[#4- #7):			\$	73,610.24
(9)	Total quarterly contributions to victim's	s programs:	\$	70,780.95	50A	
(10)	Total quarterly contributions to room a	nd board:	\$	106,987.13	nonv	
(11)	Total quarterly contributions to family	support:	\$	7,520.99	лом -	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	185,289.07
(13)	Total quarterly contributions to mandat	ory savings:	\$	1,560.97	_	
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas		d the scop	oe, processes or	products	s associate with
	***************************************				***************************************	
	Certified correct by: Daniel J.	Clark, Deputy D	irector, I	owa Prison Ind	dustries	
200000000000000000000000000000000000000	5 ML		annoncomo	15-1	MAY-	2017
	Signature				Date	
Tel	ephone no: (515) 822-8920	Email Addres	s:	<u>dan.clark</u>	@iowa.g	<u>ov</u>

	Reporting Quarter Dates:	1/1/2017	*********	3/31	1/2017	********
	Name of Cost Accounting Center:		Graphic	Edge		motorconstantin
	PIECP Management Model:		Emplo	yer		
	INSTITUTION Name and Address:	Newton Correctional Facility 307 S 60th Ave W, Newton, IA 5020		08		
	annum				***************************************	one and a second
(1)	Total inmate labor hours worked during	g quarter:	*******************************	206.1	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	14	Total Ini	mates
(3)	Total quarterly gross wages paid:		\$	1,970.71	=	
	Hourly wage range	\$8.50- 8.95	percentation.			
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federal	taxes:	\$	54.90	iona a	
(5)	Total quarterly contributions to State tax	xes:	\$	8.00		
(6)	Total quarterly contributions to Social S (FICA and Medicare	-	\$	150.75	20%.	
(7)	Total quarterly contributions to other ta	xes:	\$	_	000v	
(8)	SUB-TOTAL of taxes paid this quarter (	#4- #7):			\$	213.65
(9)	Total quarterly contributions to victim's	programs:	\$	422.24		
(10)	Total quarterly contributions to room ar	nd board:	\$	783.44		
[11)	Total quarterly contributions to family s	upport:	\$	157.23		
12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):			\$	1,362.91
13)	Total quarterly contributions to mandate	ory savings:	\$	-		
14)	Since the last quarterly report, have you this cost accounting center? If yes, please		d the scope	e, processes or <sub>l</sub>	products	associate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	wa Prison Inc	lustries	
*************************	5 M		none d'obsessions	15 - M	'AY-20	17
nr 1	Signature	T		al	Date	
Tel	ephone no: (515) 822-8920	Email Addres	s:	<u>dan.clark(</u>	<u>ധ</u> രwa.go	<u>V</u>

	Reporting Quarter Dates:	1/1/2017		3/31/2017
	Name of Cost Accounting Center:		BrandFx	
	PIECP Management Model:		Employer	
	INSTITUTION Name and Address:		ntral Correctional Fa le, Rockwell City, IA	3
(1)	Total inmate labor hours worked during	quarter:		Hours
(2)	Total number of inmates employed during	ng quarter:		Total Inmates
(3)	Total quarterly gross wages paid:			
	Hourly wage range	\$8.50- 8.95		<del></del>
	(or) Pieces work rate	N/A	MOCOSTOR	
(4)	Total quarterly contributions to Federal	taxes:		
(5)	Total quarterly contributions to State tax	es:	-	
(6)	Total quarterly contributions to Social Se (FICA and Medicare	-		
(7)	Total quarterly contributions to other tax	ces:	\$	-
(8)	SUB-TOTAL of taxes paid this quarter (#	4- #7):		\$ -
(9)	Total quarterly contributions to victim's	programs:	***************************************	
(10)	Total quarterly contributions to room and	d board:	energy (1970)	
(11)	Total quarterly contributions to family su	ıpport:		***************************************
(12)	SUB-TOTAL of PIECP Categorical Dedu	ctions (#9-#11):		\$ -
(13) (14)	Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, please	materially changed	I the scope, processes	s or products associate with
	This CAC did	not employ offend	ers during the quarte	21
	Certified correct by: Daniel J. (	Clark, Deputy Di	rector, Iowa Prisor	ı Industries
ALLENSAL DONNE L'ONNE DE L'ANNE L	5 M			5 MAY-2017
nn '	Signature (F1E) F0E	T11 A 1 1		Date
Tel	lephone no: (515) 725-5705	Email Address	: <u>dan.c</u>	lark@iowa.gov

	Reporting Quarter Dates:	1/1/2017	NAME OF THE PARTY	3/3	31/2017	
	Name of Cost Accounting Center:		Sully Truck	Wash		
	PIECP Management Model:		Employ	er		
	w		on Correctic	-	encenamentalistico con escapatori de la compania d	
	INSTITUTION Name and Address:	307 S 60th	ı Ave W, Ne	wton, IA 50	208	
(1)	Total inmate labor hours worked durin	g quarter:	M2000000000000000000000000000000000000	***************************************	Hours	
(2)	Total number of inmates employed dur	ing quarter:	10000000000000000000000000000000000000	0	Total Inmates	
(3)	Total quarterly gross wages paid:		\$	-		
	Hourly wage range	\$8.50- 8.95	:		=	
	(or) Pieces work rate	N/A	nonnerronn			
(4)	Total quarterly contributions to Federal	taxes:	\$	-	9000000A	
(5)	Total quarterly contributions to State ta	xes:	\$	-		
(6)	Total quarterly contributions to Social S (FICA and Medicar	-	\$	_		
(7)	Total quarterly contributions to other ta	ixes:	\$	_		
(8)	SUB-TOTAL of taxes paid this quarter (	[#4- #7):			\$ -	
(9)	Total quarterly contributions to victim's	s programs:	\$			
(10)	Total quarterly contributions to room a	nd board:	\$	_	********	
(11)	Total quarterly contributions to family s	support:	\$	_		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$ -	
(13)	Total quarterly contributions to mandat	ory savings:	\$	-		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas  This CAC did n	, ,	•	•	•	h
			***************************************			1000070000
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Iow	va Prison Ir	ndustries	
	N MM			15-	MAY-2017	
	Signature			***************************************	Date	
Tel	ephone no: <b>(515) 725-5705</b>	Email Addres	s:	<u>dan.clarl</u>	(@iowa.gov	

	Reporting Quarter Dates:	1/1/2017	*******************************	3/3	31/2017	
	Name of Cost Accounting Center:	Ro	ock Commun	ications		
	PIECP Management Model:		Employe	er		
	-		on Correctio	5		
	INSTITUTION Name and Address:	307 S 60th	n Ave W, Ne	wton, IA 502	208	
(1)	Total inmate labor hours worked during	g quarter:	prossionani	pane	Hours	
(2)	Total number of inmates employed dur	ring quarter:	***************************************	***************************************	Total Inmate	es
(3)	Total quarterly gross wages paid:		\$	_	_	
	Hourly wage range	\$8.50- 8.95				
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federa	l taxes:	\$	_	nnnninga .	
(5)	Total quarterly contributions to State ta	ixes:	\$	_	-	
(6)	Total quarterly contributions to Social S (FICA and Medicar	•	\$	_		
(7)	Total quarterly contributions to other ta	axes:	\$	***************************************	монтогом	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	-
(9)	Total quarterly contributions to victim's	s programs:	\$	_	romanorom	
(10)	Total quarterly contributions to room a	nd board:	\$		montanion	
[11)	Total quarterly contributions to family	support:	\$		**************************************	
[12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	
13)	Total quarterly contributions to manda	tory savings:	\$	_		
14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas This CAC did		•	-	products asso	ciate with
	Certified correct by: Daniel J.	. Clark, Deputy D	irector, Iow			17
***************	Signature		20000000000		MAY - 20 Date	<u></u>
Tel	ephone no: (515) 725-5705	Email Addres	ss:	dan.clarl	k@iowa.gov	

	Reporting Quarter Dates:	1/1/2017	PROPORTERIOR	3/3	31/2017
	Name of Cost Accounting Center:		Misty Harl	oor	
	PIECP Management Model:		Employe	r	
	INSTITUTION Name and Address:	Fort Do	odge Correcti	onal Facilit	N commence and the second seco
(1)	Total inmate labor hours worked durin	g quarter:		-	Hours
(2)	Total number of inmates employed dur	ing quarter:	***************************************	0	Total Inmates
(3)	Total quarterly gross wages paid:		\$	-	00000000
	Hourly wage range	\$8.50- 8.95			
	(or) Pieces work rate	N/A			
(4)	Total quarterly contributions to Federal	taxes:	\$	_	
(5)	Total quarterly contributions to State ta	xes:	\$	-	
(6)	Total quarterly contributions to Social S (FICA and Medicare	•	\$		
(7)	Total quarterly contributions to other ta	ixes:	\$	-	
(8)	SUB-TOTAL of taxes paid this quarter (	(#4- #7):			<b>\$</b> -
(9)	Total quarterly contributions to victim's	programs:	\$	-	
(10)	Total quarterly contributions to room as	nd board:	\$	_	
(11)	Total quarterly contributions to family s	support:	\$	_	
(12)	SUB-TOTAL of PIECP Categorical Dedu	uctions (#9-#11):			\$ -
(13) (14)	Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, pleas	n materially change se explain:			•
	This CAC did n	ot employ any offe	nders during	the quarter	[.
	Certified correct by: Daniel J.	Clark, Deputy D	rirector, Iow		ndustries 494 - 2017
***************************************	Signature		OPPENSOR AND	***************************************	Date
Tel	ephone no: <b>(515) 725-5705</b>	Email Addres	s:	<u>dan.clarl</u>	k@iowa.gov

	Reporting Quarter Dates:	1/1/2017	Management	3/31/2017
	Name of Cost Accounting Center:		Jet Company	
	PIECP Management Model:		Employer	
	***************************************		entral Correctional Fac	•
	INSTITUTION Name and Address:	313 Laneda	ale, Rockwell City, IA	50579
(1)	Total inmate labor hours worked during	quarter:		Hours
(2)	Total number of inmates employed duri	ng quarter:		Total Inmates
(3)	Total quarterly gross wages paid:			
	Hourly wage range	\$8.50- 8.95		<del></del>
	(or) Pieces work rate	N/A		
(4)	Total quarterly contributions to Federal	taxes:		***************************************
(5)	Total quarterly contributions to State tax	es:		
(6)	Total quarterly contributions to Social Se (FICA and Medicare	,	***************************************	-
(7)	Total quarterly contributions to other tax	(es:	<u> </u>	
(8)	SUB-TOTAL of taxes paid this quarter (#	4- #7):		\$ -
(9)	Total quarterly contributions to victim's	programs:	~~~	**************************************
(10)	Total quarterly contributions to room an	d board:		
(11)	Total quarterly contributions to family st	apport:	***************************************	
(12)	SUB-TOTAL of PIECP Categorical Dedu	ctions (#9-#11):		\$ -
(13)	Total quarterly contributions to mandate	ory savings:		
(14)	Since the last quarterly report, have you	materially changed	d the scope, processes	or products associate with
	this cost accounting center? If yes, please	explain:		
	This CAC did	not employ offend	ers during the quarte	r
	Certified correct by: Daniel J. (	Clark, Deputy Di	rector, Iowa Prison	Industries
****************	5 MM			-MAY-2017
	Signature			Date
Tel	ephone no: (515) 725-5705	Email Address	e dan d	ark@iowa gov